

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

10/563347

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.							TOTAL REQ.						
TOTAL DEP.			2	20			TOTAL DEP.						
TOTAL CLAIMS			22	22			TOTAL CLAIMS						

BEST AVAILABLE COPY